

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>11/01/96</u>		2 Serial/Patent # <u>08/723483</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>234</u> —
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Please complete this form and re-submit. Thanks, David 11/26/96</i> </div>		7 TOTAL AMOUNT OF REFUND		\$ <u>234</u> —
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; padding: 2px;">           23--1131         </div>		
11 REFUND REQUESTED BY: <u>[Signature]</u>				
TYPED/PRINTED NAME: _____			TITLE: <input checked="" type="checkbox"/>	
SIGNATURE: <u>[Signature]</u>			PHONE: <u>8-0592</u>	
OFFICE: <u>OPE TEAM 6</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>			DATE: <u>1-8-97</u>	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*